Applicant's Name:	_
Head Coach Assistant Coach(circle one)	_
If you are an assistant coach, what is the name of your head coach?	
Your shirt size:	
· ·	- Girls - e one)
Practice Days M – T – W – TH – F Sat: 9 am 11 am 1 pm (circle two) (circle one)	
Street Address:	_
Mailing Address:	-
E-Mail Address:	_
Home Phone: Cell Phone:	_
Work Phone: Emergency Phone:	_
Current Employer: Phone:	_
List past coaching experience (sport, age group, organization):	
1	
List two references not related (name and phone number): 1	
I certify that all information is accurate and correct and that I will be subject to a be conducted by Southeastern Security Consultants, Inc. If selected as a volunteer coafor attending the coaches' orientation and becoming a member of the National Ye Association by completing the online certification process at www.nays.org . Fur below, I acknowledge and agree to abide by the CCPR Sports Code of Ethics and the could result in the loss of coaching privileges. Ethic details can be found at www.co.	ach, I am responsible outh Sports Coaches thermore by signing that failure to comply
Signature: Date:	
Signature of parent if under the age of 18.	
Have you completed a background check in 2019? If yes, date If not, go to http://www.co.cal.md.us/index.aspx?nid=2144 to register.	